S. No. 300
v. 10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 93520

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Marshall
c. LENGTH OF STAY (In this place): 44 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ miles south Marshall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Marshall township
d. STREET ADDRESS (If rural, give location): 4½ miles south Marshall

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) Williams c. (Last) Thomas

4. DATE OF DEATH: (Month) Dec. (Day) 6th, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Jan. 17, 1862

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: 10 Days: 19 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joe Capus Williams

13b. MOTHER'S MAIDEN NAME: Martha Bogart

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Gladys Jackson, Marshall, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Nephritis (Ascending)

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

592X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ----------

19b. MAJOR FINDINGS OF OPERATION: ----------

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ----------

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ----------

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ----------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ----------

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ----------

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec 6, 1950 *that I last saw the deceased alive on* Dec. 6., 1950, *and that death occurred at* 730 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt M Kennedy M.D

23b. ADDRESS: Marshall Mo

23c. DATE SIGNED: Dec 7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 8, 1950

24c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery

24d. LOCATION (City, town, or county) (State): Marshall, Mo.

DATE REC'D BY LOCAL REG.: Dec 8-1950

REGISTRAR'S SIGNATURE: Sidney T Gray 586

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis-Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2/11/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2/11/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____

working under my personal supervision.

Student Embalmer No. _____

Signed R W Campbell Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.